



LOS ANGELES COUNTY COMMISSION ON HIV

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EXECUTIVE COMMITTEE MEETING MINUTES

July 28, 2014

Approved
12/11/14

MEMBERS PRESENT	MEMBERS PRESENT (<i>cont.</i>)	PUBLIC	COMM STAFF/ CONSULTANTS
Michael Johnson, Esq, Co-Chair	Jill Rotenberg	Kevin Donnelly	Jane Nachazel
Ricky Rosales, Co-Chair	Terry Smith, MPA	Miki Jackson	James Stewart
Al Ballesteros, MBA		Michael Pitkin	Craig Vincent-Jones, MHA
Aaron Fox, MPM			
Grissel Granados, MSW	MEMBERS ABSENT		
Joseph Green	AJ King, MPH		DHSP STAFF
Bradley Land	Fariba Younai, DDS		None
Ted Liso	Richard Zaldivar		
Mario Pérez, MPH			

CONTENTS OF COMMITTEE PACKET

- 1) **Agenda:** Executive Committee Meeting Agenda, 4/28/2014
- 2) **Table:** Commission on HIV Deliverables, 7/28/2014

1. CALL TO ORDER: Mr. Rosales called the meeting to order at 2:00 pm.

2. APPROVAL OF AGENDA:

MOTION #1: Approve the Agenda Order (***Passed by Consensus***).

3. APPROVAL OF MEETING MINUTES:

MOTION #2: Approve the minutes of selected Executive Committee meetings, as presented (***Postponed***).

4. PUBLIC COMMENT (*Non-Agendized or Follow-Up*): There were no comments.

5. COMMITTEE COMMENT (*Non-Agendized or Follow-Up*): There were no comments.

6. DIVISION OF HIV/STD PROGRAMS (DHSP) REPORT:

- Mr. Pérez noted in a spirit of cooperation DHSP was providing a list of deliverables required from the jurisdiction by its federal funding partners especially HRSA. Some items are due and need to be incorporated into a package for submission.
- A few months ago, DHSP requested, and the Commission approved, a transfer of \$1.139 million in Net County Cost (NCC) expenditures to the Ryan White (RW) Part B grant with the State in order to maximize it. The Part B grant was underspent due to a raise in large Oral Health contracts. Mr. Pérez had committed to report back on use of unencumbered NCC funds.
- DHSP completes an annual cost report analysis on all contracts. That revealed an additional \$554,000 in Medical Care Coordination (MCC) YR 23 costs. Overall MCC costs are slightly over \$9 million so this represents approximately 4.5% which is not considered significant. DHSP plans to spend part of the available NCC funds to cover these additional costs.
- The other expense pertains to updated 2013/2014 litigation costs. DHSP projected \$1 million in such costs for the period, but costs associated with a range of lawsuits will instead be \$1.8 million. DHSP plans to use remaining NCC for those costs. Legal bills are not an allowable grant expense so must be paid with NCC in the period for which services were provided.

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- In summary, the good news is that RW YR 23 Part A has been maximized and, in fact, had additional costs of \$554,000 tied to MCC. Those costs can be billed to NCC which makes YR 23 RW Part A whole. Part B was also made whole by the previous transfer of costs from NCC to Part B. NCC will be made whole by using remaining funds for the unanticipated legal costs.
- The final YR 23 RW Part A Annual Progress Report due in July is not impacted by MCC overexpenditure as NCC is separate.
- Mr. Land recommended providing an updated financial expenditure report to the Commission reflecting DHSP's planned NCC expenditures, but Mr. Vincent-Jones raised time constraints on reformulating the report.
- Messrs. Fox, Johnson and Land noted the Commission discussed the expected \$1 million in legal costs so an update was appropriate in the interest of transparency, but a simple explanation rather than a full financial expenditure report was sufficient. Mr. Smith said it should be acknowledged that \$1.8 million in legal costs reduces available funds for services.
- Mr. Fox noted that, while DHSP cannot discuss pending lawsuits, public records are available for review. Mr. Johnson added all County departments allocate certain funds for legal costs, but this is a large amount due to several outstanding matters. It was not surprising, but was incredibly disappointing. It was appropriate for members to express that at the Commission.
- Mr. Vincent-Jones reported he and Kyle Baker drafted a report on legal activity and its consequences, but it was pulled back by County Counsel for additional work. He expected it would be approved in time for the 8/7/2014 Commission meeting.
- Regarding YR 24, the Part A grant realized an increase of \$1.7 million. Recommendations to manage the investment are 10% for administration and 5% for Quality Assurance per the standard for the RW program. After those reductions, the remaining increase is \$1,477,479. Mr. Pérez offered the following recommendations to utilize the additional funds:
 1. Benefits Specialty: Additional \$400,000 investment to respond to continuing demand.
 2. MCC: Funding was originally allocated among Ambulatory Outpatient Medical providers based on expected client volume, but it was soon clear that two partners were seeing more clients than their MCC teams could accommodate. DHSP initiated amendments several months ago to those providers' contracts for \$111,943 and \$84,088 respectively.
 3. MCC: To compliment investments noted under item 2, DHSP also recommended an increase of \$462,329, or approximately 5% of overall MCC funding of \$9 million, to reduce MCC client caseload.
 4. Nutrition Support: DHSP reviewed demand and cost about six months ago. Based on the review, DHSP is moving forward to increase the allocation by \$419,119 consistent with costs tied to the program.
- Mr. Vincent-Jones noted the prior Commission motion authorized DHSP to increase allocations at its discretion in Oral Health, MCC, Mental Health, Residential Services and Benefits Specialty, but not Nutrition Support.
- Mr. Pérez reviewed background on investment recommendations for YR 24, 3/1/2014-2/28/2015, and anticipated recommendations for YR 25, 3/1/2015-2/28/2016. Factors include the ability of systems to absorb funds in the time available, other funding sources and staffing issues. Final YR 24 allocations must be reported to HRSA by 8/15/2014.
- **Mental Health:** No FY 24 increase is recommended due to: limited ability to hire staff, especially psychiatrists; HRSA's new emphasis on taking into account Part C funds used to support Mental Health so as to better coordinate Parts A, B and C; and improved, if limited, Mental Health access through migration to ACA.
- **Oral Health:** Expenditures are expected to be consistent with YR 23 allocations for YR 24 so an increase is not needed.
- **Housing:** DHSP recently learned HOPWA also received a funding increase so will not need additional YR 24 funds as earlier proposed, but YR 25 assistance may offer opportunities. HOPWA now supports \$3.3 million in services: \$500,000, Food/Nutrition; \$200,000, Mental Health; \$100,000, Benefits Support; \$2.5 million, Emergency Housing, e.g., Substance Abuse, Residential Care Facilities for the Chronically Ill and Transitional Housing. For YR 25, DHSP recommended funding HOPWA's \$3.3 million in current services to facilitate its ability to increase Section 8 vouchers and housing case managers.
- **Biomedical Interventions:** DHSP is prepared to release an RFP to increase nPEP/PrEP services, but it is unlikely to be finalized prior to the end of YR 24. DHSP recommended increasing this investment for YR 25, 3/1/2015-2/28/2016.
- Mr. Pérez added several other categories are still being reviewed to determine the best approach.
- **Medical Specialty:** DHSP is reviewing utilization, need and system performance. Investment is sufficient to meet utilization needs to date. Carlos Vega-Matos is scheduled to report on the service at PP&A.
- **Third Party Administrator (TPA):** DHSP is exploring the process needed to establish a TPA.
- **Transitional Case Management-Youth:** DHSP saw this as a significant area of need, e.g., HIV infections are going down among many populations, but those 18-29 represent 38% of HIV infections in the County. Similarly, rates for linkage to care, adherence and viral suppression are all poor among youth reflecting a need for improved education and support.
- **Transgender Support and African-American/Latino MSM:** DHSP is seeking to expand services to address community needs. These are not RW-funded expansion areas, but part of DHSP's complement of services for the community.
- Mr. Land expressed concern about meeting the increasing need for Medical Specialty especially as PLWH age. Mr. Pérez replied current investment is commensurate with utilization data. That would not account, however, for anecdotal reports of problems with accessibility, timeliness and responsiveness. As noted, DHSP continues to review the service.

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- Mr. Smith felt the biomedical interventions recommendation lacked the warranted sense of urgency. Mr. Pérez reported DHSP has explored all options to purchase biomedical medications immediately including its option to sue its delegated authority to augment the two existing nPEP provider contracts. Utilization levels for the two contracts differ markedly.
- One provider has enrolled 480 people so nPEP expansion consistent with delegated authority would be good, but would not address geographic diversity, e.g., for the San Fernando Valley, Long Beach and South/East Los Angeles.
- The easiest way to implement expanded nPEP/PrEP would be with an RFP. DHSP could exercise a sole source contract, but such an attempt would risk becoming a different expense. DHSP continues to support nPEP/PrEP and explore options.
- Mr. Land recommended the Commission and DHSP jointly request an NCC increase from the Board for nPEP/PrEP.
- ⌚ Agendize at 8/7/2014 Commission meeting: DHSP recommended plan to utilize \$1.139 million in NCC available funding to support the additional \$554,000 in MCC expenditures and to help support the additional \$800,000 in legal costs.
- ⌚ Finalize legal report for the 8/7/2014 Commission meeting to inform discussion of increased legal costs.
- ⌚ Dr. Sonali Kulkarni and Carlos Vega-Matos will provide a more in-depth report on Medical Specialty at PP&A.
- ⌚ Place motion on 8/7/2014 Commission agenda to permit DHSP to invest part of the increase in YR 24 RW Part A funds in Nutrition Support. (Use of funds for MCC and Benefits Specialty was already approved in a prior motion.) Final allocations are due to HRSA on 8/15/2014 so there is insufficient time to deliberate at PP&A first.
- ⌚ Mr. Pérez will provide a list of elements needed to expand nPEP/PrEP for the 8/7/2014 Commission meeting.

7. CO-CHAIRS' REPORT:

A. DHSP RW/CDC Deliverables:

- Mr. Rosales said the deliverables list addresses the Commission objective to ensure requirements are met. Mr. Vincent-Jones added deliverables are not new and the Commission routinely addresses them. He updated status on items.
 1. FY 2014 Planning Council (PC) Revised Budget: The Executive Office (EO) approved use of the supplemental budget period ending in September to account for such information as final RW grant funding. Full budget presentation is scheduled for the September Commission meeting. The EO informed Mr. Vincent-Jones and Dave Young that the Departmental Service Order (DSO) can continue to be used until the budget is finalized. Any problems DHSP experiences with continued DSO use during this period should be reported to Mr. Vincent-Jones for resolution.
 - 1a. FY 2014 PC March-June Billing: The Commission has submitted bills to the EO, but timely processing has been a recurrent issue. Messrs. Vincent-Jones, Young and Ms. McClendon met with the EO two or three months ago and requested a written report to help address the issue.
 2. Final FY 2013 RW Part A Annual Progress Report: Needed PC contributions are: accomplishments, challenges, TA received and TA needed. Mr. Vincent-Jones would submit the needed items to DHSP by that night.
 3. FY 2014 RW Part A & MAI Planned Allocation Tables: The memorandum from the Commission to DHSP on the most recently approved allocations by service category and associated allocation table will be presented at the 8/7/2014 Commission meeting. The letter from the Commission Co-Chairs endorsing Part A and MAI allocations does not require Commission approval so can be written as soon as DHSP forwards the table.
 4. FY 2014 PC Membership Roster: The roster is updated monthly.
 5. FY 2014 Implementation Plan: As noted, the memorandum from the Commission to DHSP on the most recently approved allocations by service category and associated allocation table will be presented at the 8/7/2014 meeting. Regarding the implementation plan, usually the Commission provides 25-30 pages to the application narrative that focus on the Commission itself rather than implementation though it can assist if desired.
- Mr. Land asked about MAI allocations. Mr. Vincent-Jones replied PP&A review of MAI strategy was scheduled for September. The review will address how to best use MAI funds in light of revisions to Part A allocations.
- DHSP has already submitted the most recent tables to HRSA. MAI reports are mainly data, e.g., the number of patients.
- ⌚ Mr. Vincent-Jones will include a Work Plan page on "Deliverables to DHSP."
- ⌚ Mr. Vincent-Jones and Juhua Wu will schedule a meeting for review of the RW application by Commission members.
- ⌚ Mr. Pérez will email DHSP MAI recommendations for FYs 2014 and 2015.

8. EXECUTIVE DIRECTOR'S REPORT:

- A. **Commission 2014 Work Plan:** Mr. Vincent-Jones reported all the work plans should be completed by September. They should help members feel more involved and answer common questions reducing the need for members to call their Co-Chairs. Work plans will include tracking for agendas, minutes and deliverables to better inform members.
 - 1) **Executive Committee Work Plan:** There was no additional discussion.
 - 2) **Plan of Action for Staffing Shortage/Inefficiencies:** Work continues to fill vacant positions and address inefficiencies.

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3) E-Tablet Proposal: Work on IT efficiencies continues including addressing the significant County security issues.

B. Upcoming Commission Meeting(s) Topics:

- 8/7/2014 Commission meeting topics will include: DHSP - Medical Monitoring Project and treatment cascades for race/ethnic subpopulations, final adjustments to FY 2014; Office of AIDS - six-month recertification, ADAP Hepatitis C medication access; PP&A - FY 2015, unmet need TA; Operations - nomination of Will Watts, JD, leadership TA, first half of Conflict of Interest training; Public Policy - Medi-Cal panel; AIDS Education Treatment Centers - presentation.
- 8/14/2014 Commission meeting topics will include: DHSP - Annual Report to the Board; PP&A - Service Utilization Report and Needs Assessment methodology; Colloquium - Transgender; Operations - Leadership Development TA, second half of Conflict of Interest training; Public Policy - Covered California panel.
- SBP will report in September on several topics including reconciliation of Oral Health with Denti-Cal.

C. Annual Report to the Board: This is being developed for the 8/14/2014 Commission meeting.

9. STANDING COMMITTEE REPORTS:

A. Operations Committee:

- 1) **Renewal Membership Plan for 2014:** The renewal application was finalized earlier in the day and should be distributed by that Friday. The deadline for submitting applications is 8/31/2014. Interviews will be conducted in September.

B. Planning, Priorities and Allocations (PP&A) Committee:

- 1) **Revised FY 2014/FY 2015 RW Allocations:** PP&A will present modification recommendations to the allocations.

2) Unmet Need Assessment Technical Assistance (TA):

- Emily Gantz McKay, TA Consultant, presented at the last PP&A meeting on unmet need including how it is defined by HRSA, HRSA requirements, approaches to collecting data and how unmet need impacts LACHNA. DHSP will be providing epidemiology support for unmet need and LACHNA.
- Mr. Johnson asked whether conversations pertaining to Department of Health Services electronic data interfaces might improve data collection. Mr. Pérez replied there have been some conversations, but any benefit will be in the future. It would require at least 30 minutes to outline all the issues on, e.g., various systems and County security. Many are interested in integrated public health systems, but federal, state and local needs differ.
- ⇒ Mr. Pérez will report on potential electronic interfaces at a future Commission meeting.

C. Public Policy Committee:

- Mr. Fox reported the body met, but lacked a quorum. It did recommend adopting the FY 2014 Policy Agenda for FY 2015. The FY 2014 Policy Agenda was extensively debated at the Commission and revisions were incorporated into it from those discussions. Consequently, it was finalized later than usual, but issues remained current for FY 2015.
- The body also reviewed questions to be forwarded in advance to participants for the Covered California panel.
- The next meeting will address revision of the Ryan White Principles and consideration of a position on Proposition 45.
- ⇒ Forward FY 2014 Policy Agenda to the Commission for adoption as the FY 2015 Policy Agenda.

D. Standards and Best Practices (SBP) Committee:

- Ms. Granados reported she did not attend the last meeting, but there was a discussion on HOPWA.
- Several SBP members have recently expressed frustration about how SBP meetings and Commission meetings in general are run. One member cited a lack of agenda input and felt the HOPWA presentation unnecessary at this time. A common feeling is that SBP's focus is too scattered with many tasks identified and none completed.
- She and Dr. Younai have discussed separating out targeted tasks. Smaller groups composed of members with expertise in each task's field would then address that task through completion. The Co-Chairs felt the approach would help address concerns expressed by several SBP members who felt they were wasting their time in SBP meetings.
- While the SBP Co-Chairs attempt to improve efficiency in completing tasks, Ms. Granados urged a broader discussion. People are questioning Commission membership for multiple reasons such as meetings starting late and so many added meetings that people pick and choose which to attend resulting in quorum issues.
- Mr. Land noted asking about several subjects for months, e.g., hiring staff, Purchase Orders and distributing agendas 72 hours in advance of meetings. He suggested emergency wrap-around support such as from DHSP or the EO.
- Ms. Granados added the lack of SBP member involvement in developing agendas also leads to meeting topics presented in a haphazard, rather than progressive, manner. Those not already familiar with a topic cannot build the foundation to address it so meetings devolve into discussions between two or three people with the rest left out.

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- Mr. Green reported the main issue for Operations has been getting the application out in a timely manner. Ms. Rotenberg added Operations has successfully used work groups to address and complete many of its tasks.
- Mr. Liso urged people to be responsible in seeking out information they need about topics. Mr. Vincent-Jones, Co-Chairs and experienced members can answer questions and the Consumer Caucus is there for consumers.
- Mr. Johnson noted members often find it difficult to adjust from advocate to planner. SBP has special challenges since topics require a high level of expertise. He complimented Ms. Granados' response to a Commission member's email.
- He added the Commission and Prevention Planning Committee reflect a cultural divide. People are not generally invited to speak at the Commission table. Members are expected to jump in, but we could emphasize being more invitational.
- Mr. Ballesteros felt it best to have Co-Chairs and the Executive Director set agendas. Mentoring members with questions one-on-one can be helpful. Mr. Rosales agreed, but felt it important to ensure topics are relevant and express a continuity among topics as much as possible rather than jumping from one to another.
- Mr. Vincent-Jones noted there have always been members reluctant to participate because they were unfamiliar with a topic, but no one knows all categories well. The need to address a topic cannot always be predicted, e.g., Oral Health had to be addressed due to re-introduction of Denti-Cal and HOPWA pertains to service coordination with Part A. Ms. Granados urged drawing people in who are not as familiar with a topic. Mr. Vincent-Jones agreed to work to do so.
- Mr. Land said he tries to go around the room, but one meeting had so many attendees that one felt disenfranchised because his question was not answered. Mr. Land spoke with him individually later. That is part of a Co-Chair's job.
- Ms. Jackson felt many people take a while to understand how much work the Commission entails. Mr. Johnson noted he stressed in trainings that it takes a while to become comfortable with the work. He felt it was taking longer for this group of members because so many are new and there is additional work due to implementation of the ACA. He and Mr. Rosales will make a point of checking in with members and he asked Committee Co-Chairs to do so as well.
- Mr. Vincent-Jones said he was also frustrated due to the large number of documents he had in development. Work plans will help inform members about the path forward by identifying agenda topics month by month. Agendas through December are being completed which will allow for member input and adjustment as necessary, e.g., PP&A adjusted its schedule because it was unrealistically heavy. Work plans also: track decisions made at meetings; provide material due dates and how they impact other Committees; and show what materials were completed and when.

- 1) **Reconciliation of Denti-Cal with RW Oral Health Coverage:** There was no report.
- 2) **Continuum of HIV Services:** There was no report.

10. CAUCUS REPORTS: There were no reports.

11. NEXT STEPS: There was no additional discussion.

12. ANNOUNCEMENTS:

- ➲ Mr. Stewart will be unable to attend the 8/7/2014 Commission meeting.
- ➲ Mr. Johnson will be gone 8/8-8/31/2014. His new email address is LBLawMike@aol.com.

14. ADJOURNMENT: The meeting adjourned at 4:05 pm.